

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1183

1. PLACE OF DEATH

County Jackson
Township Kearney
City Kansas City

Registration District No. 399

Primary Registration District No. 1002

File No. 231
Registered No. 231
St. Ward

2. FULL NAME

(a) Residence. No. 730 Cherry St. 1 Ward. 1

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED—
HUSBAND OF Panigioti Banklakis
(or) WIFE OF Panigioti Banklakis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 14th 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 4 14 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Frank Devlin
(b) General nature of industry, business, or establishment in which employed (or employer) 918 154 36
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Greece

10. NAME OF FATHER

John Banklakis

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Greece

12. MAIDEN NAME OF MOTHER

Callippe. Nink

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Greece

14.

INFORMANT Panigioti Banklakis
(Address) 730 Cherry

15.

Jan 20 3rd M. M. Brown
FILED 19 1932 REGISTRAR W. S. W.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/19 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan. 13th 1932 to Jan. 19th 1932.
that I last saw him alive on Jan. 19th 1932, and that death occurred, on the date stated above, at 11 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumia, Ostronigolitis of Lympha
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Ulcerative Endocarditis & Toxemia
(duration) yrs. 0 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH At his home

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Chauvin. Hosp.

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Clinical & Laboratory

(Signed) Anthony J. Toxemia M. D.

1/20 1932 (Address) 1312 Shaker Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES (state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mount St Mary Cem

1/21 1932

20. UNDERTAKER

ADDRESS

A. Sebeto

901 E 0th

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PAPER WITH IMPRINTING THEREON. THIS IS A PERMANENT RECORD.

